SCHOOL	DISTRICT

NOTICE OF GRADUATION

[Enter Date]

	[Enter Bate]	
[Enter name and address of parent or adult student]		
Dear		
education program (IEP). The purpose of the meeting met by the end of the current school year; whether the and whether new goals and objectives are needed for	a meeting to review [your] [your child's] individualized g was to consider whether graduation requirements will be e IEP goals and objectives will be substantially completed; r the coming school year. At the meeting, the participants rocedure, test, record, or report used as a basis for making	
year. Also they decided that the IEP goals and objecti and objectives are not needed for the coming sch	on requirements will be met at the end of the current school ves will be substantially completed, and that new IEP goals ool year. Therefore, [you] [your child] will graduate on hool district considered and rejected the following options: easons they were rejected.]	
federal Individuals with Disabilities Education Act a	ntitlement to a free appropriate public education under the and Sub.V, Chapter 115, Wis. Stats., the state special child] will no longer be entitled to receive special education lic agency.	
follow if you want to challenge the district's decision.	with information about your rights and the procedures to Therefore, I have enclosed a brochure entitled, <i>Parent and</i> brochure to learn about your rights and the due process rict's decision.	
If you have questions about this notice or your rights, you may contact at		
Sincerely,		
	(Rev. 3/96)	
	These consents are currently in effect:	
Parent and Child Rights Sent:	Evaluation: given	
Date: Initials:	Placement: given	